## **D** Neuro Alzheimers Disease Mild Cognitive Impairme

Record ID	
1. Gold Standard Diagnosis	
Does the patient have Major Neurocognitive Diso	
Impairment or other types of dementia confirmed (must fill at least one):	i by going through
Clinical history:	
Functional Inventory:	
	<del></del>
Cognitive Testing:	
Other investigations:	
Other investigations.	
Have you excluded other causes of cognitive/functional	○ No
changes (and/or other subtypes)?	<ul><li></li></ul>
2. Disease Type	
Specify the disease type in the patient:	<ul><li>Mild Cognitive Impairment (MCI)</li><li>Typical Alzheimer's Disease (AD)</li></ul>
	<ul> <li>Frontotemporal Dementia (FTD)</li> <li>Lewy Body Dementia (LBD)</li> </ul>
	<ul> <li>✓ Vascular Dementia (VaD)</li> <li>✓ Mixed Dementia (e.g., AD and VaD)</li> </ul>
	Other
If you selected "other", please specify:	
	<del></del>
3. Etiology	
What is the suspected or known etiology in the	☐ Genetic factors
patient?	<ul><li>☐ Age-related changes</li><li>☐ Other medical conditions (e.g., vascular factors,</li></ul>
	traumatic brain injury)  Substance-related (e.g., alcohol-induced cognitive
	impairment) ☐ Other
Genetic Factors Subcategory	☐ Familial Alzheimer's disease (e.g., mutations in
<b></b>	APP, PSEN1, PSEN2 genes)  Apolipoprotein E (APOE) ε4 allele
	Other genetic factors



If you selected "Other genetic factors", please specify:	
If you selected "other medical conditions", please specify:	
If you selected "other", please specify:	
4. Disease Severity	
What is the current stage/severity of cognitive impairment or dementia in the patient?	☐ Mild cognitive impairment (MCI) ☐ Clinical dementia rating (CDR) staging
Clinical dementia rating (CDR) staging subcategory:	<ul> <li>CDR 0.5 (Very mild impairment)</li> <li>CDR 1 (Mild impairment)</li> <li>CDR 2 (Moderate impairment)</li> <li>CDR 3 (Severe impairment)</li> </ul>
5. Cognitive Assessment (must fill at least one)	
Rowland Universal Dementia Assessment Scale (RUDAS) score:	
Mini-Mental State Examination (MMSE) score:	
Montreal Cognitive Assessment (MoCA) score:	
Alzheimer's Disease Assessment Scale-Cognitive Subscale (ADAS-Cog) score:	
Other cognitive assessment tool (Please Specify):	
Other cognitive assessment tool score:	
6. Treatment Obtained	
Has the patient undergone any treatment for Alzheimer's disease or cognitive impairment or other types of dementia?	
Yes	☐ Medications ☐ Non-pharmacological interventions
Medications:	<ul> <li>☐ Cholinesterase inhibitors (e.g., Donepezil, Rivastigmine, Galantamine)</li> <li>☐ NMDA receptor antagonist (e.g., Memantine)</li> <li>☐ Other</li> </ul>

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If you selected "Other", please specify:		
Non-pharmacological interventions:		
	<ul> <li>☐ Cognitive stimulation therapy</li> <li>☐ Reality orientation therapy</li> <li>☐ Reminiscence therapy</li> <li>☐ Physical exercise program</li> <li>☐ Dietary modifications</li> <li>☐ Other</li> </ul>	
If you selected "Other", please specify:		

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